



In the United States Patent and Trademark Office

In re the patent application of)
 Alan T. Ruberg) Docket No. SUNMP568
 Application No: 09/289,789) Group Art Unit: 2126
 Filing Date: April 9, 1999) Examiner: Zhen, L.
 For: REMOTE DEVICE ACCESS OVER A) Date: March 4, 2005
 NETWORK)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 4, 2005.

Signed:

Fariba Yadegar-Bandari

Separate Letter to the Official Draftsperson

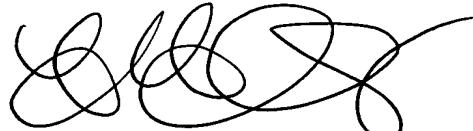
Mail Stop PGPUB
 Assistant Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Enclosed herewith are the formal drawings (Figures 1, 2, 3, 4, and 5), for the above-referenced patent application. If the draftsperson has any questions concerning these drawings, please contact the undersigned at the number set forth below. If any fees are due in connection with the filing of these drawings, please charge such fees to deposit account 50-0805 (Order No. SUNMP568).

Respectfully submitted,

MARTINE PENILLA & GENCARELLA, LLP



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04/09/99
JCS 49 U.S. PTO

Outer ref.: 83000.1102;P3860/JTF

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jc525 U.S. PTO
09/289789
04/09/99

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231



Sir:

Transmitted herewith for filing is the patent application of:

INVENTOR(S): Alan T. Ruberg

FOR: VIRTUAL DEVICE DRIVER

Enclosed are:

- Sheets of Formal Drawings.
 An Assignment of the Invention to: Sun Microsystems, Inc.
 Assignment Recordation Cover Sheet-Form PTO-1595.
 Signed Declaration and Power of Attorney of Alan T. Ruberg.

The Filing Fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
For:	No. Filed	No. Extra	Rate	Fee	Rate	Fee
Basic Fee:			\$		\$760.00	
Total Claims:	1-20	0	x 9	\$	x 18	\$
Indep. Claims:	1 - 3	0	x 39	\$	x 78	\$
<input type="checkbox"/> Multiple Dependent Claim(s) Presented			+130	\$	+260	\$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL	\$	TOTAL	\$760.00

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment, to Deposit Account Number 08-1520. A duplicate of this authorization is enclosed.

A check in the amount of \$40.00 for Recordation of the Assignment is enclosed.

Respectfully submitted,

HECKER & HARRIMAN

J.D. Harriman, II
Reg. No. 31,967

Dated: April 9, 1999

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Los Angeles, California 90067
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Signature: J. D. Harriman II

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